

Data Sheet

USAID Mission:	Kazakhstan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	115-0320
Status:	Continuing
Planned FY 2005 Obligation:	\$3,750,000 FSA
Prior Year Unobligated:	\$2,000,000 CSH; \$217,000 FSA
Proposed FY 2006 Obligation:	\$3,640,000 FSA
Year of Initial Obligation:	2001
Estimated Year of Final Obligation:	2007

Summary: USAID's quality primary health care (PHC) objective is to help Kazakhstan reform its health sector by creating quality, client-oriented, cost-effective primary health care services and addressing maternal, child, and reproductive health issues. A change in the Minister of Health signaled a renewed interest in applying USAID's models on a national level. USAID provides essential technical assistance and support to the country's efforts to control infectious diseases like HIV/AIDS and tuberculosis (TB), with increasing efforts to reduce the spread of multi-drug resistant TB (MDR TB).

Inputs, Outputs, Activities:

FY 2005 Program: Enhance Health Systems Capacity (\$1,716,000 FSA, \$187,000 FSA carryover, \$2,000,000 CSH prior year recoveries). The Quality Public Health and Primary Health Care Program (QPHPHC) will provide technical assistance, training, equipment, and commodities to increase access to and utilization of quality primary health care. The activity will focus on improving primary health care delivery, increasing the quality of clinical care and the use of evidence-based medicine, and extending health care financing and information systems. Integration of infectious disease services within primary health care and at the central rayon hospital level will be piloted. QPHPHC will use Child Survival and Health (CSH) funds carried over from FY 2004 to build on prior efforts to increase access to quality family planning information and services to reduce Kazakhstan's elevated abortion rate. Post-abortion care models will be tested and related costs evaluated. Safe Motherhood/Promoting Effective Prenatal Care pilot projects will be replicated in additional oblasts to improve the quality of hospital care and increase the population's awareness of maternal and child health issues. Evidence-based prenatal care guidelines will be developed. QPHPHC will extend geographic coverage of the Integrated Management of Childhood Illnesses (IMCI) approach and communication campaigns on diarrhea, breastfeeding, acute respiratory illnesses, and antibiotic use. In collaboration with other donors, interventions on early childhood development and nutrition will be developed. USAID will build on its current Global Development Alliance, and establish a public-private partnership at an additional pilot site. Support will continue through USAID's health partnership program to the regional undergraduate medical and nursing education activities to train high quality graduates to meet the health care needs of the population. Principal contractors/grantees: American International Health Alliance (prime), TBD (prime).

Reduce Transmission and Impact of HIV/AIDS (\$1,000,000 FSA, \$30,000 FSA carryover). USAID's new Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY) will assist with implementation of Kazakhstan's HIV grant from the Global Fund to Fight AIDS, TB, and Malaria (GFATM), promoting transparency and efficiency. Technical assistance will strengthen institutional capacity of non-governmental organizations (NGOs) and training and other activities will build skills in counseling, testing, and antiretroviral treatment. The U.S. Centers for Disease Control and Prevention (CDC) will continue to develop the country's HIV surveillance and blood screening systems, including initial work on an electronic surveillance system, while a third group of Kazakh professionals will join others in CDC's Applied

Epidemiology Training Program (AETP). Principal contractors/grantees: John Snow, Inc. (JSI)(prime), CDC (prime), Population Services International (PSI) (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub).

Prevent and Control Infectious Diseases of Major Importance (\$1,034,000 FSA). The TB Control Program will complete a range of assessments on laboratory capacity, drug management, community mobilization, and policy. Results will improve the quality of implementation of the WHO approach to TB control known as Directly-Observed Treatment Short-Course (DOTS) within a reforming health care system. A best practices pilot site, along with a national training center, will be established in Taldy-Korgan City, the capital of Almaty Oblast, while the Zhetisuiskiy TB Dispensary laboratory in Almaty City will be equipped to perform drug sensitivity testing to ensure proper use of second-line drugs. A Training Center in the Karaganda prison pilot site will be established to promote expansion of the DOTS approach. A high level working group will be established to solidify policy changes and improve coordination. USAID will provide technical assistance to prepare a revised TB application for the fifth grant round of the GFATM. Principal contractors/grantees: CDC (Prime), Project HOPE (prime), Academy for Educational Development (prime), Johns Hopkins University Bloomberg School of Public Health (sub), JSI (sub), New Jersey Medical School National TB Center (sub).

FY 2006 Program: Enhance Health Systems Capacity (\$1,313,000 FSA). QPHPHC will continue to assist the GOK implement its national health reform strategy. The program will integrate evidence-based services into primary health care, assist the country to move to a guaranteed benefits package and improve the quality of services. Improved quality of care and the introduction of new models of service delivery, such as IMCI, will continue to enhance maternal, child, and reproductive health. The project will continue activities to develop and expand family planning programs to reduce Kazakhstan's high abortion rate. Principal contractor/grantee: TBD (prime).

Reduce Transmission and Impact of HIV/AIDS (\$1,286,000 FSA). USAID's CAPACITY project will continue to implement activities as described above. Pilots developed on the prevention of mother to child transmission may be replicated. CDC will intensify efforts to train officials to use data from HIV surveillance. CDC's Applied Epidemiology Training Program will continue. Principal contractors/grantees: JSI (prime), PSI (prime), CDC (prime), Abt Associates (sub), and International HIV/AIDS Alliance (sub).

Prevent and Control Infectious Diseases of Major Importance (\$1,041,000 FSA). The TB program will continue training on quality control of laboratories, monitoring, and primary care, and at the Prison System Training Center in Karaganda. The protocols developed by the USAID pilot project on MDR TB will be recommended and potentially adopted for use in other sites treating MDR TB. A small grants program will promote operational research. Principal contractors/grantees: Project HOPE (prime), CDC (prime), and Academy for Educational Development (prime), Johns Hopkins University Bloomberg School of Public Health (sub), JSI (sub), New Jersey Medical School National TB Center (sub).

Performance and Results: Increased momentum in USAID's efforts to address health sector reform in Kazakhstan resulted in significant achievements in FY 2004. The President's call for reform, a doubling of the health budget, and the passage of nine key pieces of legislation provided a unique opportunity to introduce strategic reforms and roll pilots out nationally. USAID programs introduced evidence-based medical practices, worked to improve medical and nursing education, and responded to specific opportunities to address infant, child, and maternal health issues. One-third (37%) of the population was voluntarily enrolled in primary health care, and 31.3% of health providers are now paid under the new finance systems. Technical assistance enabled the country to produce valid, scientifically-sound surveillance data on the status of the HIV/AIDS epidemic, while TB results also demonstrated progress, with the registered incidence of TB decreased by 2.8%. A prison pilot showed dramatic impact, with the percentage of ex-

prisoners registered in the civilian TB program increasing due to technical assistance from 8.4% in 2001 to 64.5% in 2003. USAID assistance led to Kazakhstan's successful \$22.5 million application on HIV/AIDS to the GFATM, indicating the potential to provide a needed response to stem the epidemic. USAID's health programs in Kazakhstan are designed to increase the use and quality of primary health care services for underserved populations. In so doing, USAID will meet the challenge posed by the double burden of infectious and non-infectious diseases that increasingly affects the people of Kazakhstan.

US Financing in Thousands of Dollars

Kazakhstan

115-0320 Health and Population	CSH	ESF	FSA
Through September 30, 2003			
Obligations	0	996	41,193
Expenditures	0	996	35,856
Unliquidated	0	0	5,337
Fiscal Year 2004			
Obligations	0	0	6,927
Expenditures	0	0	6,037
Through September 30, 2004			
Obligations	0	996	48,120
Expenditures	0	996	41,893
Unliquidated	0	0	6,227
Prior Year Unobligated Funds			
Obligations	2,000	0	217
Planned Fiscal Year 2005 NOA			
Obligations	0	0	3,750
Total Planned Fiscal Year 2005			
Obligations	2,000	0	3,967

Proposed Fiscal Year 2006 NOA			
Obligations	0	0	3,640
Future Obligations	0	0	4,240
Est. Total Cost	2,000	996	59,967

